

**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.



**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number <input type="text" value="D-7317"/>	2. Fiscal Year Covered From <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2004"/> Through <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2004"/>
3. Name and address of person filing.	
Name <input type="text" value="ROBERT R. ROBINSON"/>	
P.O. Box, Bldg., Room No., if any <input type="text"/>	
Street <input type="text" value="630 ROBERT R. ROBINSON"/>	
City <input type="text" value="HOUSTON"/>	
State <input type="text" value="Texas"/>	ZIP Code + 4 <input type="text" value="77034"/>
5. Position in labor organization. <input type="text" value="BUSINESS MANAGER"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
5. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name <input type="text" value="HOUSTON AREA PLUMBING JAC"/>	<input type="text" value="2/8/2004 - MEMBERSHIP DUES TO ATAT PAID ON MY BEHALF"/>
Trade Name, if any <input type="text"/>	
P.O. Box, Bldg., Room No., if any <input type="text" value="P O BOX 8653"/>	
Street <input type="text" value="454 LINK ROAD"/>	
City <input type="text" value="HOUSTON"/>	7.b. Amount. <input type="text" value="\$50"/>
State <input type="text" value="Texas"/>	ZIP Code + 4 <input type="text" value="77249-8653"/>

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

N/A

## 8. Name and address of Business (including trade name, if any).

Name: \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code + 4: \_\_\_\_\_

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code + 4: \_\_\_\_\_

## 9. Business deals with:

- a. Labor Organization  
 b. Trust  
 c. Employer

## 11.a. Nature of such dealing.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

## C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

N/A

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code + 4: \_\_\_\_\_

## 14.a. Nature of payment.

## 14.b. Amount of payment.

13.b. Is the Business an Employer  or Consultant  ?

Name of Person Filing ROBERT ROBINSON

File Number U-

**Part A Continuation Page**

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

**6. Name and address of Employer (including trade name if any).**

Name HOUSTON AREA PLUMBING JAC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P O BOX 8653

Street 454 LINK ROAD

City HOUSTON

State Texas

ZIP Code + 4 77249-8653

**7.a. Nature of Interest, Transaction, or Income.**2/25/2004 - MEMBERSHIP DUES TO ATAT/SABINE CHAPTER  
PAID ON MY BEHALF

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

**6. Name and address of Employer (including trade name if any).**

Name HOUSTON AREA PLUMBING JAC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P O BOX 8653

Street 454 LINK ROAD

City HOUSTON

State Texas

ZIP Code + 4 77249-8653

**7.a. Nature of Interest, Transaction, or Income.**5/19/2004 - ACCIDENTAL INSURANCE PAID TO MASS  
BENEFITS CONSULTANTS PAID ON MY BEHALF

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

**6. Name and address of Employer (including trade name if any).**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

**7.a. Nature of Interest, Transaction, or Income.****7.b. Amount.**